



## Attendee List *Order Form*

As a benefit of exhibiting at MuseumExpo™2009, your company is entitled to one complimentary listing of the 2009 annual meeting attendee mailing labels to promote your company's participation, products, and services. You may choose either pre-registered attendees or post-meeting attendees. These mailing labels will not include students, spouses, or exhibitors. Additional lists may be purchased at \$375/each. Lists are only available in zip code order. **Email addresses are not provided.**

Companies or institutions participating in one of the Specialized Exhibit Areas (Such as; Standing Professional Committees, Regional Associations, and Funding Organizations) do not receive a complimentary list and must pay \$375 for each list.

To receive your labels, complete and return the information below. AAM will not deliver labels without a completed form.

Select which list you want:

- Pre-Meeting Registration (*Orders will only be accepted (March 30<sup>th</sup> – April 20<sup>th</sup> 2009.)*)
- Post-Meeting Registration (*Orders will only be accepted (June 1<sup>st</sup> - July 13<sup>th</sup> 2009.)*)

Select what type of list you want:

- Pressure Sensitive (peel-off) Labels
- Electronic File (e-mail)

Select how you want your list sent:

- Regular Mail (peel off labels only)
  - Express Delivery (peel off labels only): Federal Express / Airborne Express (circle one)
- Account number: \_\_\_\_\_

If you want a second list or you're exhibiting in a Specialized Exhibit Area, please provide payment information (\$375 for each set):

Check attached (make payable to American Association of Museums)  
 Credit Card: MasterCard / VISA / American Express (circle one)  
 Account No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

### Shipping Information

**Company** \_\_\_\_\_ **Booth No.** \_\_\_\_\_  
**Contact** \_\_\_\_\_  
**Shipping Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_  
**Email** \_\_\_\_\_

**I understand that this list is for a one-time use only and that my company is not allowed to retain the list or enter the names in our database.**

**Signature** \_\_\_\_\_

**Complete and return this form (with payment if necessary) to:**  
 Shelon Atwater, AAM, Assistant Director, Business Enterprises  
 1575 Eye Street NW, Suite 400, Washington, DC 20005  
 Or **FAX** this form to (202) 756-2890